

## Arizona School Facilities Board

# DAVIS-BACON Required Document Submission SAMPLE GUIDE

### **For use by Subcontractor #1**

Please refer to next page to determine applicability.

#### Contains Samples of:

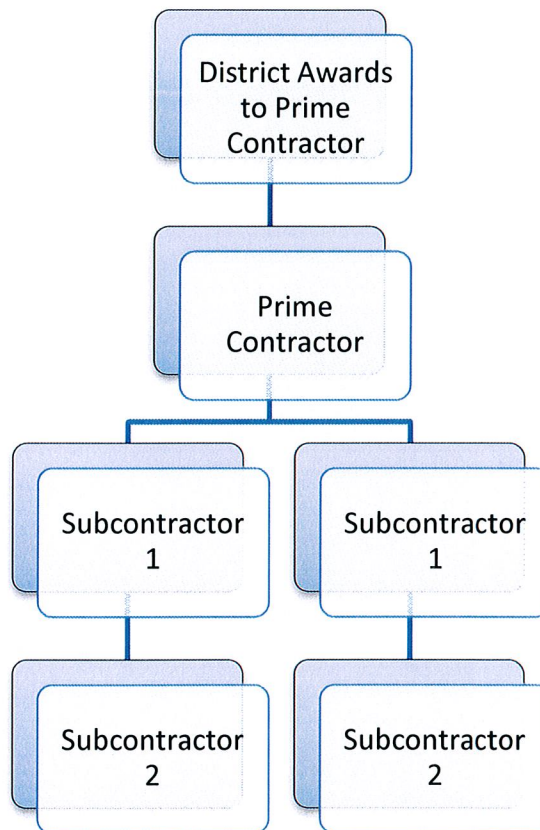
##### **Initial Documents**

- SF1413 Statement and Acknowledgment
- Labor Standards Certification form

##### **Certified Payroll Submissions**

- WH-347 U.S. Dept. of Labor Payroll Form
- Authorized Deduction form (use when applicable)
- Fringe Benefit form (use when applicable)

## Sample Prime Contractor and Subcontractor Hierarchical Relationship



For the purposes of this Sample Guide, the chart above represents a simplistic version of a Prime and Subcontractor relationship hierarchy. This should be used only to determine appropriate placement of contractor information within the Davis-Bacon Initial Documents and the accompanying Certified Payrolls submissions.

# IMPORTANT

General things to remember:

- ✓ All documents must be submitted through the Prime Contractor. Subs should not submit to the SFB directly. Prime Contractors are responsible for reviewing the documentation for completeness and accuracy before forwarding to the SFB.
- ✓ All documents must be originals with wet-ink signatures. Faxes and emails cannot be accepted.
- ✓ Complete and accurate “Initial” documents must be on file before certified payrolls can be accepted.
- ✓ Do not submit documentation that is incomplete. If a signature or other vital information is missing, it is considered invalid and you will have to resubmit.
- ✓ Submit in a timely manner to avoid delays.



THIS NUMBER  
MUST  
REMAIN  
UNALTERED

## STATEMENT AND ACKNOWLEDGMENT

OMB No.: 9000-0014  
Expires: 5/31/2011

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat, (VIR), Regulatory and Federal Assistance Division, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0014), Washington, DC 20503.

### PART I - STATEMENT OF PRIME CONTRACTOR

1. PRIME CONTRACT NO. <b>I057-09</b>	2. DATE SUBCONTRACT AWARDED <b>MM/DD/YYYY</b>	3. SUBCONTRACT NUMBER <b>NUMBER OF CONTRACT BETWEEN PRIME AND SUB 1</b>
4. PRIME CONTRACTOR a. NAME <b>PRIME CONTRACTOR INFORMATION</b> b. STREET ADDRESS <b>PRIME CONTRACTOR INFORMATION</b> c. CITY <b>PRIME CONTRACTOR INFO.</b> d. STATE e. ZIP CODE		5. SUBCONTRACTOR a. NAME <b>SUBCONTRACTOR 1 INFORMATION</b> b. STREET ADDRESS <b>SUBCONTRACTOR 1 INFORMATION</b> c. CITY <b>SUBCONTRACTOR 1 INFO.</b> d. STATE e. ZIP CODE
6. The prime contract <input checked="" type="checkbox"/> does, <input type="checkbox"/> does not contain the clause entitled "Contract Work Hours and Safety Standards Act -- Overtime Compensation."		

7. The prime contractor states that under the contract shown in Item 1, a subcontract was awarded on the date shown in Item 2 to the subcontractor identified in item 5 by the following firm:

a. NAME OF AWARING FIRM

**PRIME CONTRACTOR NAME**

b. DESCRIPTION OF WORK BY SUBCONTRACTOR

**BRIEF DESCRIPTION MUST BE WRITTEN HERE**

**SAMPLE**

8. PROJECT <b>DISTRICT NAME</b>	9. LOCATION <b>NAME OF SITE LOCATION OR LOCATION NAMES (IF MULTIPLE)</b>	
10a. NAME OF PERSON SIGNING <b>NAME OF PRIME CONTRACTOR OFFICIAL</b> 10b. TITLE OF PERSON SIGNING <b>TITLE OF PRIME CONTRACTOR OFFICIAL</b>	11. BY (Signature) <i>Prime Contractor Official Signature</i>	12. DATE SIGNED <b>MM/DD/YYYY</b>

### PART II - ACKNOWLEDGMENT OF SUBCONTRACTOR

13. The subcontractor acknowledges that the following clauses of the contract shown in Item 1 are included in this subcontract:

Contract Work Hours and Safety Standards Act - Overtime  
Compensation - (If included in prime contract see Block 6)  
Payrolls and Basic Records  
Withholding of Funds  
Disputes Concerning Labor Standards  
Compliance with Davis-Bacon and Related Act Regulations

Davis-Bacon Act  
Apprentices and Trainees  
Compliance with Copeland Act Requirements  
Subcontracts (Labor Standards)  
Contract Termination - Debarment  
Certification of Eligibility

14. NAME(S) OF ANY INTERMEDIATE SUBCONTRACTORS, IF ANY

A	FILL IN IF APPLICABLE	C	FILL IN IF APPLICABLE
B	FILL IN IF APPLICABLE	D	FILL IN IF APPLICABLE
15a. NAME OF PERSON SIGNING <b>NAME OF SUBCONTRACTOR 1 OFFICIAL</b> 15b. TITLE OF PERSON SIGNING <b>TITLE OF SUBCONTRACTOR 1 OFFICIAL</b>	16. BY (Signature) <i>Subcontractor 1 Official Signature</i>	17. DATE SIGNED <b>MM/DD/YYYY</b>	

AUTHORIZED FOR LOCAL REPRODUCTION  
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1413 (REV. 7/2005)  
Prescribed by GSA/FAR (48 CFR) 53.222(e)



**NOTE: ITEMS HIGHLIGHTED  
IN YELLOW MUST REMAIN  
UNALTERED**

**LABOR STANDARDS CERTIFICATION (1 of 2)**

Revised 8/10/09

Commerce Contract #: **1057-09**

This certifies that **SUBCONTRACTOR #1 NAME**  
(Company Name)

has been contracted by: **PRIME CONTRACTOR NAME**  
(Firm/Agency)

as a (check one) ☐ prime contractor ☒ sub-contractor  
☐ lower-tier contractor ☐ other

Sub-Grantee: **School Facilities Board**

Nature of Work: **State Energy Program**

Work is expected to begin on: **MM/DD/YYYY**  
(Month, Day, Year)

As a legally authorized representative of the company, I certify/ acknowledge that:

1. The Labor Standards Provisions, 29 CFR Part 5, Subpart A, and General Wage Decision have been incorporated into the contract between all parties who participate in the above mentioned project.

2. Neither the above contracted company nor any person or firm who has an interest in the contractor's firm is ineligible to the awarded Government contract by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).

3. No part of this contract shall be subcontracted to any person or firm ineligible for award of a Government contract by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).

4. The penalties for making false statements is prescribed in the U.S. Criminal Code, 18 U.S.C. 1001.

5. The information for the firm contracted is:

**NOTE: FORM WILL BE INCOMPLETE WITHOUT THE SUB-  
CONTRACTOR #1 INFORMATION IN SECTIONS 5-7 BELOW**

Legal Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City/State/Zip)

6. Business Federal Tax ID #: \_\_\_\_\_

7. Contractors License #: \_\_\_\_\_

Page 1 of 2

**LABOR STANDARDS CERTIFICATION (2 of 2)**

8. The contracted firm is a (check one):

CHECK THE ITEM THAT APPLIES  
TO SUBCONTRACTOR 1

\_\_\_\_ Proprietorship      \_\_\_\_\_ Partnership  
\_\_\_\_ Division or Subsidiary of: \_\_\_\_\_  
\_\_\_\_ Corporation, incorporated in the state of: \_\_\_\_\_  
\_\_\_\_ Other (please describe): \_\_\_\_\_

9. The legal names, titles, and addresses of the owner(s), partner(s), or officer(s) of the company are:

NAME, TITLE, BUSINESS ADDRESS

NAME, TITLE, BUSINESS ADDRESS

NAME, TITLE, BUSINESS ADDRESS

10. The designated appointee, NAME OF PERSON BEING APPOINTED BELOW,  
whose signature appears below, is appointed to supervise the payment of employees for the company.  
Beginning on (date) MM/DD/YYYY. Or, at least, this appointee is in a position to have  
full knowledge of the facts set forth in the payroll documents, the Statement of Compliance, which the  
appointee is to execute, and with the Copeland Act.

**Notary Public-**      COMPANY OFFICIAL'S CERTIFICATION

COMPANY  
OFFICIAL  
INFORMATION

\_\_\_\_\_  
(Signature of Company Official)      \_\_\_\_\_ (Title)  
\_\_\_\_\_  
(Printed Name)      \_\_\_\_\_ (Date)

NOTARY INFO AND  
STAMP REQUIRED

Subscribe and sworn to before me on this date: \_\_\_\_\_  
(Date)  
\_\_\_\_\_  
(Signature of Notary Public)      \_\_\_\_\_ (Commission Expiration Date)

**Notary Public-**      APPOINTEE'S CERTIFICATION

APPOINTEE  
INFORMATION

This is to certify that I have read and do understand the Labor Standards Provisions and related matters  
as they apply to the project stated.

\_\_\_\_\_  
(Signature of Appointee)      \_\_\_\_\_ (Title)  
\_\_\_\_\_  
(Printed Name)      \_\_\_\_\_ (Date)

NOTARY INFO AND  
STAMP REQUIRED

Subscribe and sworn to before me on this date: \_\_\_\_\_  
(Date)  
\_\_\_\_\_  
(Signature of Notary Public)      \_\_\_\_\_ (Commission Expiration Date)











**NOTE: A (1) DATE/DURATION, (2) AMOUNT AND (3) PURPOSE MUST BE INCLUDED FOR EVERY AUTHORIZED DEDUCTION**

## COMPANY LETTERHEAD

### AUTHORIZATION FOR DEDUCTIONS

The undersigned authorize deductions, as noted, to be made from their wages. It is understood that these deductions are:

- A) in the interest of the employee,
- B) not a condition of employment,
- C) no direct or indirect financial benefit accruing to the employer,
- D) not otherwise forbidden by law.

EMPLOYEES NAME:      DATE/ DURATION:      AMOUNT:      PURPOSE:

#### EMPLOYEES NAME

(Employees Name)

#### MONTHLY

(Date/ Duration)

(Deduction Amount)

(Purpose)

#### WEEKLY

(Date/ Duration)

(Deduction Amount)

(Purpose)

#### HOURLY

(Date/ Duration)

(Deduction Amount)

(Purpose)

#### ONE TIME W/E

MM/DD/YYYY

(Date/ Duration)

(Deduction Amount)

(Purpose)

EXAMPLES OF APPROPRIATE  
DATE/DURATIONS

THIS SECTION  
MUST BE  
FILLED OUT  
ENTIRELY OR  
FORM WILL  
BE DEEMED  
INCOMPLETE

Signature of Authorized:

Representative of Employer:

Print Authorized Representative's Name and Title:

Date:

Employee's Signature:

Print Employee's Name and Title:

Date:

THIS NUMBER  
MUST  
REMAIN  
UNALTERED

### FRINGE BENEFITS

This document must be completed for each fringe benefit plan the employer participates in on behalf of their employees working on the below listed project.

PROJECT NAME: \_\_\_\_\_ PROJECT # **1057-09**

EMPLOYER:  
PLAN NAME: \_\_\_\_\_

TYPE OF PLAN: \_\_\_\_\_ Plan Account # \_\_\_\_\_

EFFECTIVE DATE of PLAN:  
thru \_\_\_\_\_

\_\_\_\_\_  
(NAME, ADDRESS & PHONE # OF PLAN ADMINISTRATOR)

\_\_\_\_\_  
NAME, ADDRESS & PHONE # OF PLAN TRUSTEE/CUSTODIAN)

PLAN  
INFORMATION:  
ONE  
PLAN/FRINGE  
BENEFIT PER  
SHEET

EMPLOYEE  
INFORMATION:  
MULTIPLE  
EMPLOYEES  
MAY BE LISTED

EMPLOYEE NAME or TRADE CLASSIFICATION	EMPLOYERS CONTRIBUTION	FREQUENCY (HOUR, WEEK, MONTH)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Company Representative

Date: \_\_\_\_\_

SIGNATURE OF COMPANY  
REPRESENTATIVE AND DATE REQUIRED



Mail Davis-Bacon documents and  
payroll submissions to:

Arizona School Facilities Board

ATTN: \_\_\_\_\_

1700 W. Washington, Suite 230

Phoenix, AZ 85007

For Davis-Bacon questions or  
concerns please contact:

**Estella Robinson**

Office: (602)542-6144

Email: [erobinson@azsfb.gov](mailto:erobinson@azsfb.gov)

OR

**Carissa Kephart**

Office: (602)542-6163

Email: [ckephart@azsfb.gov](mailto:ckephart@azsfb.gov)